MULTIPLE D (DENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

APPLICANT(S)

SERIAL NO.

10/554163

							TAINE								
	T		AF	TER	T A	FTER	LAIMS				4.5	TEN .			
	AS FILED		1"AMENDMENT			ENDMENT			as filed		AFTER I AMENDMENT			AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	D	
1	₩.	·				ļ	51								
3	├──	 	 	 		-	52				!				
4		17*				1	53 54					 		 	
5		1					55		_		ļ			-	
6		1					56							┢╾	
7	-					ļ	57								
9		 				 	58 59								
10		7				 	60		-+						
11							61	\top	-						
12							62								
13		1				 	63								
14 15		,/					64		-+						
16	1	4					65 66	-							
17		T					67	1-	-+						
18		\mathcal{J}					68								
19		/ 					69								
20 21		, ' - 					70 71	-							
22		' 					72	+-	-1						
23							73	1							
24							74								
25 26		/ 					75					— ∔			
17		r'	- 				76 77	1-			 -	 			
8		7					78	1	+	-	-+				
9		4					79								
0							80	1_	_ _						
12			}-				81 82	╂		_					
3				-		_	83	+							
4							84	1							
5							85								
6	-+						86	<u> </u>							
7	 -						87 88	╂—							
5					 }-		89	1-	-						
0							90								
1							91		_						
3 +							92	├ ─							
1	 -			 -			94	 	\dashv						
5							95								
5							96								
<u>' -</u>							97	 		- -				_	
3							98	 —					- -		
					+		100		丁						
DCD 4	7	+		+		₽	TOTAL DO] 1	1		+		1	
	5 (•			 -	TOTAL DEZ		4			•	+		
፲ ዣሳ	9						TOTAL		18.3						

BEST AVAILABLE COPY